

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-046011

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1398

STATE FILE NUMBER

FILED DEC 18 1962

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

St. Joseph

Length of stay in 1b

20 years

c. CITY
OR TOWN

St. Joseph

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

7026 Angelique St.

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

7026 Angelique St.

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First *Harry* Middle *Waters* Last *Seiler*

4. DATE
OF DEATH

Month *December* Day *8* Year *1962*

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

Feb. 7, 1899

9. AGE (last birthday)

63

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Lawyer

10b. KIND OF BUSINESS OR INDUSTRY

State Hospital # 2

11. BIRTHPLACE (City and state or country)

Maryville, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Charles W. Seiler

13b. MOTHER'S MAIDEN NAME

Annie Jane Ross

14. NAME OF HUSBAND OR WIFE

Ruth Seiler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. James A. Cook 104 E. Chestnut St.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Cardiac Failure

INTERVAL BETWEEN
ONSET AND DEATH

1 day

DUE TO (b)

Chronic Cardio Vascular Disease and Emphysema

Unknown

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *8/28/61* to *12/8/62* and last saw him alive on *11/22/62*
Death occurred at *6:30 P.M.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

D.E. Sklar M.D.

22b. ADDRESS

*SOCIAL WELFARE BOARD
10th & Olive, St. Joseph, Mo.*

22c. DATE SIGNED

12/11/62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

Dec. 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

Miriam Cemetery

23d. LOCATION (City, town, or county)

Maryville, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Dec. 12, 1962

26. REGISTRAR'S SIGNATURE

Mrs. Clark Handell

1038 025, 2

Permit issued 12/10/02

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ema Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.